

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-041442

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 345

VS 300
Rev. 4/590017
20610

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Osteopathic Hosp.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON c. CITY OR TOWN ATLANTA d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALGER Middle Joyce Last EPPERSON		4. DATE OF DEATH Month Nov Day 6 Year 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/28/1962	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months 8 Days 9 Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) ATLANTA MO	
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME LON EPPERSON		13b. MOTHER'S MAIDEN NAME Ida Sunderland	
14. NAME OF HUSBAND OR WIFE Katherine EPPERSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 34	
17. INFORMANT Katherine EPPERSON - ATLANTA, MO		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Myocardial Infarction Coronary Thrombosis DUE TO (b) Myocardial Infarction DUE TO (c) Coronary Thrombosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:05 PM a.m. 5:15 PM p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Kirksville MO		20g. COUNTY MACON		20h. STATE MO	
21. I attended the deceased from 11-6-62 5:05 PM to 11-6-62 5:15 PM and last saw him alive on 11-6-62 5:15 PM Death occurred at 11-6-62 5:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE David W. Boone (Degree or title)		22b. ADDRESS 1108 Kirkville MO	
22c. DATE SIGNED 11-8-62		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-8-1962	
23c. NAME OF CEMETERY OR CREMATORY Steele		23d. LOCATION (City, town, or county) ATLANTA - MO		23e. STATE MO	
24. FUNERAL DIRECTOR Theo H. Goodding - ATLANTA, MO		25. DATE RECD. BY LOCAL REG. 11-10-1962		26. REGISTRAR'S SIGNATURE Dora W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permitted Nov 6, 1962

David W. Boone, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Sho H. Goodding

Licensed Embalmer No.

3982

P. O. Address

Atlanta, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.